

# LIABILITY CLAIM FORM



UNDERWRITER.....POLICY REF.....

This claim form collects personal information about you which is collected to evaluate your claim. The intended recipient of the information is Apex General Limited and/or the Insurer as applicable. The collection of this information is required pursuant to the terms of your insurance policy and failure to provide this information may result in your claim being declined. You have rights of access to and correction of this information subject to the provisions of the Privacy Act 1993.

**UNDER NO CIRCUMSTANCES SHOULD LIABILITY BE ADMITTED OR ANY OFFER OF SETTLEMENT BE MADE WITHOUT THE PRIOR WRITTEN CONSENT OF THE INSURER.**

### DETAILS OF INSURED

Full Insured Name/s:.....

Contact Person: (if a company).....

Contact Phone No: Home ( )..... Business ( )..... Mobile ( ).....

### DETAILS OF POLICY

- Policy Type:
- |   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Public Liability       | <input type="checkbox"/> Employers Liability  | <input type="checkbox"/> Statutory Liability    | <input type="checkbox"/> Employment Disputes | <input type="checkbox"/> Consequential Loss |
| <input type="checkbox"/> Professional Indemnity | <input type="checkbox"/> Directors & Officers | <input type="checkbox"/> Associations Liability | <input type="checkbox"/> Trustees Liability  | <input type="checkbox"/> Other              |

Limit of Indemnity:..... Excess:.....

### CIRCUMSTANCES OF LOSS/ALLEGATION

Date accident/possible error occurred giving rise to complaint, claim or possible claim: ..... / ..... / .....

Date complaint, claim or intimation of claim first made: ..... / ..... / .....

Date Insured first became aware of complaint, claim or possible claim: ..... / ..... / .....

If you were aware of the existence of a complaint, claim or possible claim prior to insuring with the current insurer, have you advised the previous insurer  Yes /  No

Amount of claim or estimate of claimants alleged loss: \$.....

Please explain the background events giving rise to complaint, claim or possible claim.

- Please attach copies of supporting correspondence and/or documentation
- Please refrain from offering any view about fault, blame or liability

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**DETAILS OF THIRD PARTY**

Claimant name:.....

Does the Claimant have a direct or indirect financial interest in you?  Yes /  No

Is the Claimant related to you in any other way?  Yes /  No

If Yes, to either of the above questions, please explain:

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**DETAILS OF PAST LOSSES AND CURRENT CLAIMS**

Please list below all losses or circumstances (whether or not resulting in claims) paid or outstanding during the past five years:

Year of Loss	Description of Loss	Amount Paid	Amount Outstanding
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**DECLARATION:**

1. I/We declare that all information contained in this form and on any attachments is complete and correct;
2. I/We agree that, should there be any dispute over any payment of this claim, the Insurer and/or Apex General Limited as applicable shall be entitled to submit the dispute to arbitration.
3. I/We authorise the disclosure of personal information held by any party regarding this claim.
4. I/We agree to Apex General Limited and the Insurer releasing to other parties personal information regarding this claim.
5. I/We authorise the Insurer and/or Apex General Limited and/or authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.
6. I/We authorise the Insurer and/or Apex General Limited and/or authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

**NOTE: Failure to provide full and correct information could result in your claim not being accepted by the Insurer.**

SIGNED:.....DATE:.....